

Date: [Date]

To: [Consultant Name/Department]

From: [Referring Physician Name]

Facility: [Facility Name]

RE: Infectious Disease Consultation Request

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Reason for Consultation: Evaluation of suspected infection with unknown pathogen in an immunocompromised host.

Clinical Summary:

The patient is a [Age]-year-old [Gender] with a history of [Primary Diagnosis/Cause of Immunosuppression, e.g., Hematologic Malignancy, Solid Organ Transplant, HIV/AIDS]. Current immunosuppressive medications include [List Medications].

Current Presentation:

The patient presents with [Number] days of [Symptoms, e.g., fever, respiratory distress, neurological changes]. Symptoms began on [Date].

Relevant Workup to Date:

- **Laboratory Results:** [e.g., CBC, CRP, Procalcitonin]
- **Imaging:** [e.g., Chest X-ray, CT Scan findings]
- **Microbiology (Pending or Negative):** [e.g., Blood cultures, Sputum, PCR panels]
- **Empiric Treatments Administered:** [List Antibiotics/Antivirals/Antifungals]

Specific Questions for Consultant:

1. Identification of potential opportunistic or atypical pathogens.
2. Recommendation for advanced diagnostic testing (e.g., mNGS, biopsy, specialized serology).
3. Optimization of empiric antimicrobial therapy.
4. Guidance on adjusting maintenance immunosuppression.

Thank you for your assistance in the management of this patient. I can be reached at [Phone Number] or [Email] for further discussion.

Sincerely,

[Signature]

[Printed Name]

[NPI Number]